

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

77 506227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5			1			
6				1		
7					1	
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50						
TOTAL IND.			3			
TOTAL DEP.			2			
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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